



1998 Michigan School Health Education Profile

*A Resource document for Policy Makers
Regarding School Health Education
in Michigan Secondary Schools*

**Michigan State Board of Education
1999**

Michigan State Board of Education

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SHEP *Introduction*

The Centers for Disease Control and Prevention (CDC) developed the School Health Education Profiles (SHEP) to assess the status of school health education. The SHEP is conducted biannually by the Michigan Department of Education as part of a cooperative agreement with CDC. Data from the survey allow the Department to monitor characteristics of school health education in Michigan secondary schools. The 1998 Michigan SHEP data can be generalized to all public secondary schools in Michigan, with the exception of Detroit Public Schools, which is funded by CDC to conduct its own assessment. The 1998 data can be compared to data gathered in 1996.

The 372 schools selected for the survey were randomly sampled from a data set that included all public secondary schools serving general education students in any of grades 6 through 12. The SHEP included two questionnaires, one for principals and one for health education teachers. Participation in the survey was confidential and voluntary.



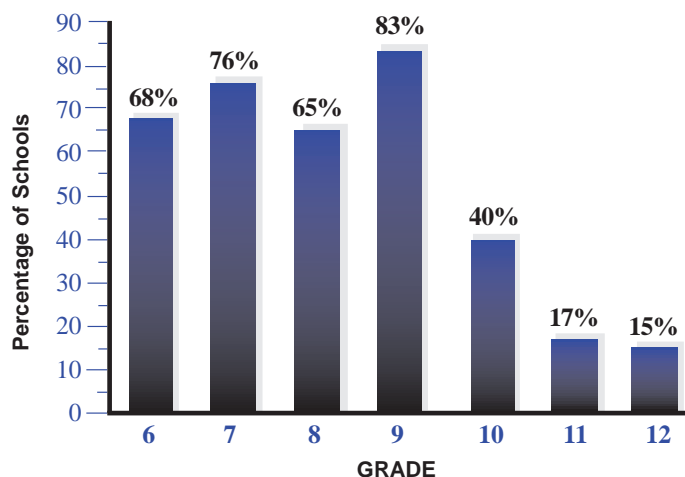
SHEP

Survey Results

Required health education:

- More than 8 out of 10 principals at both the middle school and high school levels reported that health education is required for students in their school.
- Most health education in Michigan secondary schools is received at grades 7 and 9, with the amount of health education declining sharply after grade 10.

Health Education at Each Grade



Discussion:

The American public recently ranked health education content highest among other content areas such as math, language arts, science, and history, when asked what students should know by the time they graduate from high school. The report, funded with a grant from the U.S. Department of Education, was conducted with the assistance of the Gallup Organization (*Marzano, et al., 1998*). In addition, educational research shows that drug use, poor nutrition and stress-related violence are linked to academic difficulties (*Symons, et al., 1997*). Effective health education provides students with the skills needed to maintain good health and avoid risk behaviors, thereby fostering more positive academic outcomes.

In Michigan, however, just as most adolescents complete their last required health class in the ninth grade, they enter a stage of life during which risk behaviors increase. For example, the 1997 *Michigan Youth Risk Behavior Survey* indicated that twelfth graders were about 1 1/2 times more likely than ninth graders to use alcohol and marijuana, and twice as likely to use other illegal drugs. In order to meet the unique challenges of each developmental level, students need to receive sequential, effective and developmentally appropriate health education, from kindergarten through twelfth grade.



Content Areas Taught:

- The most frequently taught topic areas reported by lead health education teachers in Michigan secondary schools were alcohol and drug use prevention, tobacco use prevention, disease prevention and control, nutrition, HIV/STD prevention, personal health, physical activity, and emotional health.

This topic area is taught...

...in this percentage of schools

Alcohol and Other Drugs	99%
Tobacco	98%
Disease Prevention	96%
Nutrition	95%
HIV Prevention	95%
Personal Health	93%
Physical Activity	90%
Emotional Health	89%

- Most teachers report that they also try to improve student skills. The most frequently taught skills include resisting social pressure for unhealthy behaviors, decision making, and goal setting. Least frequently taught skills include advocacy, accessing valid health information and stress management.

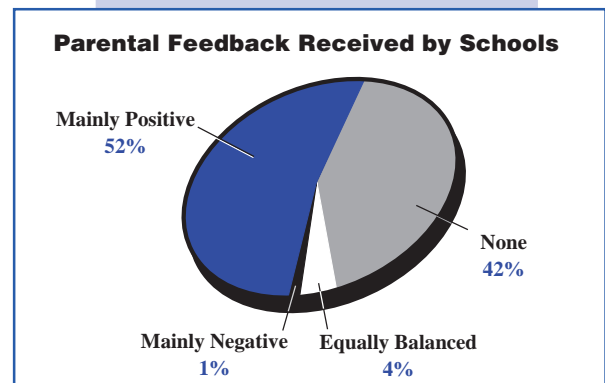
Discussion:

The Centers for Disease Control and Prevention (CDC) have identified six behavioral risk areas that are most frequently associated with death and disease among teens, or among older people as a result of behaviors initiated during childhood or adolescence. These six areas include alcohol and drug use, intentional and unintentional injury, sexual behavior, tobacco use, dietary behaviors, and level of physical activity. The content areas most frequently taught by Michigan health teachers reflect five of these six areas.

The sixth risk area, intentional and unintentional injury, is addressed by 80% of teachers through conflict resolution or violence prevention programming. In addition, three-quarters of high school teachers devote class time to increasing knowledge about preventing suicide, the third leading cause of death for 15- to 19-year-old youth, after accidents and homicides (CDC, 1990). At the middle school level, where suicide is the fourth leading cause of death, 48% of teachers address suicide prevention.

Parental Feedback:

- The majority of parents are positive about the school health education their children receive, according to principals. A majority of principals (52%) described parental feedback as “mainly positive,” with far fewer (4%) describing it as “equally balanced,” and only 1% reporting mainly negative feedback.

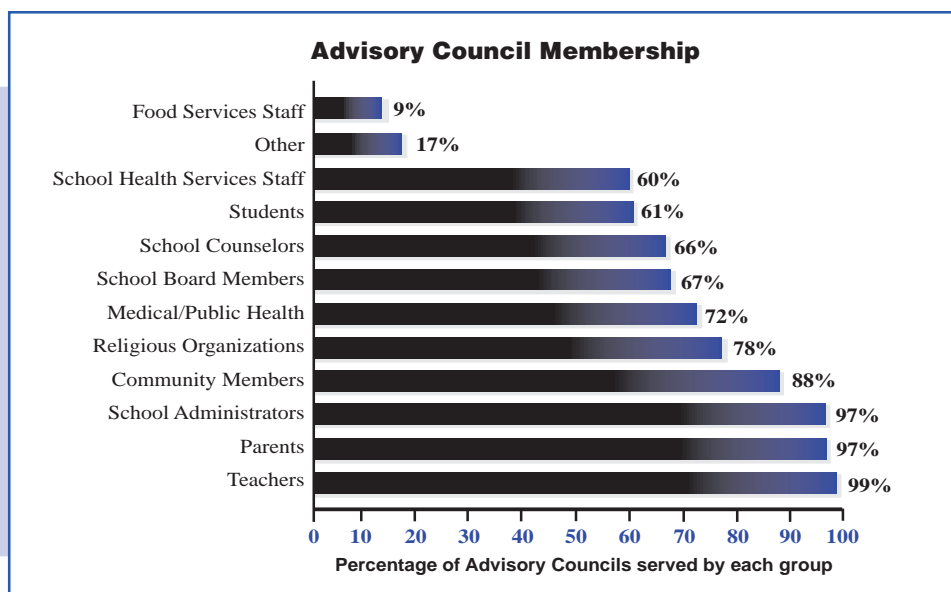


School Health Advisory Council:

- Approximately 6 out of 10 principals (57%) report that a school health advisory council meets on a regular basis, at either the building or district level, to address policies or programs related to school health.
- School health advisory councils vary by locality, but seek membership from diverse parts of the community. Those most likely to be represented include teachers, parents, school administrators, community representatives, and representatives of religious organizations. Those least likely to be represented are students, school health services staff, and food service staff.

Discussion:

Students are required by Michigan legislation to be represented on sex education advisory committees, a function usually fulfilled by the school health advisory committee. They are, however, one of the least represented groups. It is recommended that advisory committees involve student opinion leaders in meaningful ways as decision-making members of the committee.



Required HIV Education:

- 98% of Michigan high schools, and 93% of middle schools try to increase student knowledge about HIV prevention as part of a required health education class.
- HIV prevention education in Michigan secondary schools is taught primarily at grades 7, 8 and 9, with students receiving less HIV prevention education as they get older.
- There has been a significant drop in HIV prevention education offered at grade 10, from 62% in 1996, to 46% in 1998, without a corresponding increase at other grades.

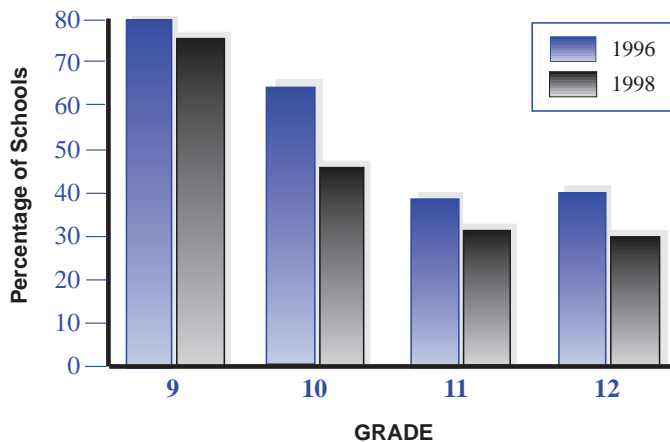
Discussion:

Michigan law mandates that HIV prevention education be offered in every school. Almost all Michigan secondary schools offer some HIV education.

The drop in the number of schools offering HIV prevention education at the tenth grade may be a response to preparing students for the new high school MEAP tests. However, this decrease in HIV prevention education occurs just as adolescent risk behaviors increase. In the ninth grade, for example, about 32% of students report ever having had sex. By twelfth grade, however, 65% are sexually active (1997 *Michigan Youth Risk Behavior Survey*). In order to meet the unique challenges of adolescence, students need to continue to receive effective and developmentally appropriate HIV prevention education throughout their high school years.

- Significant coverage is provided at both middle school and high school regarding reasons for choosing abstinence, the influence of alcohol/drugs on HIV infection risk behaviors, and needle-sharing behaviors that transmit HIV infection.

HIV Education at High School



Percentage of schools covering this topic...

Reasons for choosing abstinence
Influence of alcohol/drugs on HIV infection risk behaviors
Needle-sharing behaviors that transmit HIV infection

at Middle School

91%
92%
92%

at High School

99%
96%
98%



SHEP

Conclusion

School health education is highly valued by secondary schools and parents, with the overwhelming majority of schools making health education a curricular requirement. However, just as students enter the upper grades, a developmental stage in which risk behaviors increase, school health education drops off. This inverse relationship creates special concern for schools and communities wanting to protect adolescent health, especially in the areas of communicable disease prevention and control, violence prevention, and substance abuse prevention.

Nearly all Michigan schools offer health education that is targeted toward five of the six risk areas linked to the major causes of immediate and long-term death and disease: alcohol and other drugs, HIV and STD prevention, tobacco use, inadequate diet, and lack of physical activity. Because accidents, homicide and suicide are the three most frequent causes of adolescent death, all schools should also teach knowledge and skills in the areas of injury prevention, conflict resolution, violence prevention, and suicide prevention.

Health education research demonstrates that just giving students the facts about a risk area, or even exposing them to skills, is not enough to change their behavior. A compilation of the research has identified a number of factors critical to effective behavior change (*Kirby, 1997*). Among them are significant opportunities for students to practice health skills. Health education classes should continue to expose students to skills, and provide significant practice in specific skills so that students can successfully, and repeatedly, make healthy choices in social situations.

Health education has been a strong component of Michigan curricula at the elementary grades for over a decade. Now, as new Michigan Model curricula are being developed for secondary schools, high schools also have the opportunity to strengthen their health education programs.



Sources

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